

APPLICATION DATA SHEET

Application Information

Application Number:: *To Be Assigned*
Filing Date:: March 26, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?:: Yes
Computer Readable Form (CFR)?:: Yes
Number of Copies of CFR:: 2
Title:: DETECTION OF NUCLEIC ACID SEQUENCE
VARIATIONS USING PHASE MU TRANSPOSAE
Attorney Docket Number:: 31978-201641
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure:: 1A-1A-c, 1B-1D, 2A-2B, 3, 4A-4B, and 5
Total Drawing Sheets:: 6
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency:: National Institutes of Health
Contract or Grant Numbers::
Secrecy Order in Parent Appl::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Japanese
Country:: Japan
Status:: Full Capacity
Given Name:: Katsuhiko
Middle Name::
Family Name:: YANAGIHARA
Name Suffix::
City of Residence:: Kyoto
State or Province of Residence:: Japan
Country of Residence:: Japan
Street of Mailing Address:: Parerowaiaru-Shogoin 106, Nishi-Fukunokawa-cho
16
City of Mailing Address:: Sakyo-ku
State or Province of Mailing Address:: Kyoto
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address:: 606-8326

Applicant Authority Type:: Inventor
Primary Citizenship:: Japanese
Country:: Japan
Status:: Full Capacity
Given Name:: Kiyoshi
Middle Name::
Family Name:: MIZUUCHI
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: Maryland
Country of Residence:: U.S.A.

Street of Mailing Address:: 7 Farsta Court
City of Mailing Address:: Rockville
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20850

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::

Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4000
Fax Number:: (202) 344-8300
E-Mail Address::

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/457,934	March 28, 2003
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: The Government of the United States of America,
as represented by the secretary, Department of
Health and Human Services

Street of Mailing Address:: National Institutes of Health
Office of Technology Transfer
6011 Executive Boulevard, Suite 325

City of Mailing Address:: Rockville

State or Province of Mailing Address:: Maryland

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 20852-3804

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